

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

ORIGINAL

-----X
Christina Hernandez et al,

Plaintiff,

APPLICATION FOR THE COURT TO
REQUEST COUNSEL

-against-

Punto Y Coma Corp. et al.

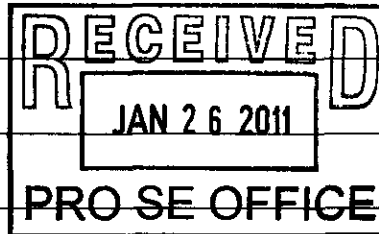
10 CV 3149 (NGG RML)

Defendant(s).

- X
1. Name of applicant Thomas Gonzalez
 2. Explain why you feel you need a lawyer in this case. (Use additional paper if necessary.)

I went to several Attorneys And I cannot
afford the retainers down payments Averaging
between \$20,000.00 to \$30,000.00.

3. Explain what steps you have taken to find an attorney and with what results. (Use additional paper if necessary.)



4. If you need a lawyer who speaks in a language other than English, state what language you speak:

I speak Spanish better than English need
Spanish speaking Attorney.

5. I understand that if a lawyer volunteers to represent me and my lawyer learns that I can afford to pay for a lawyer, the lawyer may give this information to the Court. I understand that if the Court grants this application in a complaint against the Commissioner of Social Security, the pro bono attorney, if successful, has the statutory right to request that the Court award a fee of up to 25% of the accrued Social Security or Supplemental Security Income Benefits. See 42 U.S.C. § 406.
6. I understand that if my answers on my Request to Proceed *In Forma Pauperis* are false, my case may be dismissed.
7. I declare under penalty of perjury that the forgoing is true and correct.

Dated: 1/18/11

Signature [Signature]

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

ORIGINAL

-----X
Christina Hernandez, et AL.

Plaintiff,

REQUEST TO PROCEED
IN FORMA PAUPERIS
IN SUPPORT OF THE
APPLICATION FOR THE COURT TO
REQUEST COUNSEL-against-
Punto Y Coma Corp., et AL
Defendant(s).
-----X

10 CV 3149 (NGG RML)

I, Thomas Gonzalez (print or type your name) am the plaintiff/defendant in the above-entitled case and I hereby request to proceed *in forma pauperis* and without being required to prepay fees or costs or give security. I state that because of my poverty I am unable to pay the costs of said proceeding or give security therefor, and that I believe I am entitled to redress.

1. If you are presently employed, give the name and address of your employer and state the amount of earnings per month.

Punto Y Coma Corp. \$1,600 monthly

2. If you are not presently employed, state the date you were last employed and your earnings per month at that time. **You must answer this question even if you are incarcerated.**

3. Have you received, within the past twelve months, any money from any source? If so, name the source and the amount of money you received.

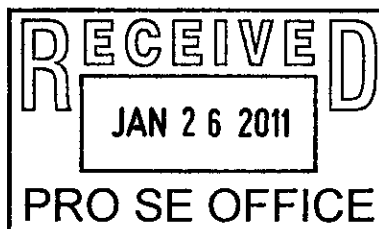
none

a) Are you receiving any public benefits?

☒ No ☐ Yes, \$ _____

b) Do you receive any income from any other source?

☒ No ☐ Yes, \$ _____



4. Do you have any money, including money in a checking or savings account? If so, how much?

BANK OF AMERICA Checking Balance \$192.00

5. Do you own any apartment, house or building, stocks, bonds, notes, automobiles or other valuable property? If the answer is yes, describe the property and state its approximate value.

☐ No ☒ Yes, \$ House that is in foreclosure - 10 Saddle, Suffolk County

6. Do you pay for rent or for a mortgage? If so, how much each month?

☐ No ☒ Yes, \$ 800.00 A month rent at 143-30 Roosevelt Ave. Flushing, NY.

7. List the person(s) that you pay money to support and the amount you pay each month.

N/A

8. State any special circumstances which the Court should consider.

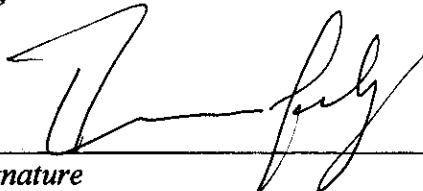
Currently my employer Puerto Y Comos will close the business and I might lose my income.

I understand that the Court may dismiss this case if I give a false answer to any question in this declaration.

I understand that if the Court grants this application in a complaint against the Commissioner of Social Security, the pro bono attorney, if successful, has the statutory right to request that the Court award a fee of up to 25% of the accrued Social Security or Supplemental Security Income Benefits. See 42 U.S.C. § 406.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 1-18-11


Signature

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

----- X
Christina Hernandez, et al

ORIGINAL

Plaintiff,

AFFIRMATION OF SERVICE

-against-

Punto y Coma Corp. et al

10 CV 3149 (NGG RML)

Defendant(s).

----- X

I, Thomas Gonzalez (print or type your name), declare under penalty of

perjury that I have served a copy of the attached Application for the Court to Request Counsel upon the

defendant(s) or the attorney for defendant(s) Margaret McIntyre, Esq
64 Fulton St., Suite 302, New York, NY 10038

whose address is: _____

by Regular MAIL
(describe how you served document: For example - personal delivery, mail, overnight express, etc.)

Dated: 1/18/11

[Signature]
Signature

143-30 Roosevelt Ave.
Address

Flushing, NY 11354
City, State & Zip Code

